

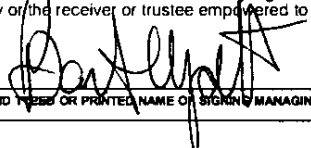


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90031 048 ****50.00

DOCUMENT # L05000082978					
1. Entity Name PILLAR REAL ESTATE COMPANY, LLC					
Principal Place of Business 100 SECOND AVE SOUTH 901S ST. PETERSBURG, FL 33701			Mailing Address 100 SECOND AVE SOUTH 901S ST. PETERSBURG, FL 33701		
2. Principal Place of Business - No P.O. Box # 31 BEACH DRIVE SE Suite, Apt. #, etc.		3. Mailing Address 31 BEACH DRIVE SE Suite, Apt. #, etc.			
City & State ST PETERSBURG FL Zip 33701 Country U.S.		City & State ST PETERSBURG FL Zip 33701 Country U.S.		04112007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3981347				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent WYATT, BART 100 SECOND AVE SOUTH 901S ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name WYATT, BART Street Address (P.O. Box Number is Not Acceptable) 31 BEACH DRIVE SOUTH EAST City ST PETERSBURG FL Zip Code 33701		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHARD, BRIAN 100 SECOND AVE SOUTH ST. PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHARD, BRIAN 31 BEACH DRIVE SOUTH EAST ST PETERSBURG FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Bart Wyatt Mgr 4-16-07 727-822-9000		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		